

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
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Helena, MT 59620-2401
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FORM C-7 (Revised 06/03)
NOTICE OF PRE-ELECTION CONTRIBUTIONS
TO BE FILED by CANDIDATE or POLITICAL COMMITTEE

FOR OFFICE USE ONLY
Date Received and Postmark Date

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

CANDIDATE or POLITICAL COMMITTEE

Full Name _____

Complete Mailing Address _____

(City, State, Zip Code)

IF CANDIDATE, PROVIDE
COMPLETE DESCRIPTION OF
OFFICE SOUGHT
Required

DATE RECEIVED <i>Required</i>	NAME AND MAILING ADDRESS <i>Required</i>	OCCUPATION & EMPLOYER <i>Required</i>	CONTRIBUTION IN-KIND CASH or CHECK <i>Description Amount</i> & Value		CIRCLE P=Primary G=General	
	Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____			P	G
	Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____			P	G
	Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____			P	G

This report **must be signed by the candidate or by the candidate's treasurer** whose name is on the Statement of Candidate Form C-1 or Form C-1-A on file in the office of the Commissioner of Political Practices. In the case of a political committee, this report **must be signed by an officer** whose name is on the Statement of Organization Form C-2 on file in the office of the Commissioner of Political Practices.

Signature

Title

Date